

Hydration and Fluid Balance Monitoring Chart

Name:							Date:						Room Number:				
Risk assessment □ Help to maintain hydration □ Fluid balance □ Fluid restriction and fluid balance □					Fluic	Fluid requirement in ml:						Frequency of hydration check:					
Additio	Additional requirements:																
Check Reside	Hydration status should be checked at least twice a day for all residents or as specified by a doctor / dietician / specialist Check running totals early afternoon to ensure on tract for fluid intake Residents at <u>high risk</u> of dehydration daily input should match output. Seek GP/Teletriage advice for high risk patients in positive or negative fluid balance																
Urine		ark or smelly urine alone does not indicate infection. 1 to 3 is healthy. 1 2 3 4 5 6 7															
	1 Good		2					4 Debudrated		5 Debudrated		6		7 Severe dehydration			
Intake Good Goo			Good		F	Fair		Dehydrated Output		Dehydrated		Very Dehydrated		Seve	re denydration		
Time	Drink / food (Jelly, custard, soup, porridge)		ridge)	Teacup 150ml	Mug / Glass / beaker 200ml	Approx. amount in ml	Running totals	Initial	Time	Toilet / wet pad catheter	Other output: e.g. stoma / vomiting / drain	Running total - if required	Balance - if required	Hydration I completed initials / tin /comments	by ne	Comments / Handover	
E.g. 07:30	Porridge w	ith 200ml milk	{		X	100ml	100ml	ΚΑ	08:00	x							
				1													